



MISSOURI DEPARTMENT OF INSURANCE
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
SELF-PROCURED INSURANCE TAX REPORT - APPENDIX 4

P.O. BOX 4001
JEFFERSON CITY, MO 65102

Under provisions of the Surplus Line Law, Chapter 384 RSMo this report is hereby made for premiums paid during the twelve (12) month period ending December 31, _____ for insurance self-procured and placed in companies not admitted to do business in the State of Missouri. This report must be made before March second (2) of the year next succeeding the year in which the insurance was so procured.

CONTACT NAME (LAST, FIRST, MIDDLE)		CONTACT TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) _____		
NAME OF INSURED		FEDERAL ID NUMBER
ADDRESS _____		
NAME OF INSURER (INSURANCE COMPANY)		
ADDRESS _____		
TYPE OF INSURANCE PROCURED	GROSS PREMIUM	\$
GENERAL DESCRIPTION OF COVERAGE	LESS RETURN PREMIUM	
POLICY NUMBER	NET PREMIUM	
EFFECTIVE DATE	TOTAL NET PREMIUM	\$

Attach spreadsheet for multiple policies and locations.

There is levied upon an insured who procures insurance pursuant to the Surplus Line Law, Chapter 384 RSMo, other than through a surplus line broker, a tax at the rate of five (5) percent of the net amount of the premium paid in respect of risks located in this state.

TAX DUE ON NET PREMIUM (5%)

\$

I hereby solemnly swear that the foregoing report(s) is true according to my best knowledge and belief.

MUST BE SIGNED IN PRESENCE OF NOTARY	NAME AND TITLE OF SELF-PROCURER ▶	
	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	